

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SEARCH NO. 09/787358 FILING DATE		
						APPLICANT(S)		
CLAIMS								
NO.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		#	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.
1	1						51	
2	1						52	
3	1						53	
4	1						54	
5	1						55	
6	1						56	
7	1						57	
8	1						58	
9	1						59	
10	1						60	
11	1						61	
12	1						62	
13	1						63	
14	1						64	
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18	1						68	
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37	1						87	
38	1						88	
39	1						89	
40	1						90	
41	1						91	
42	1						92	
43	1						93	
44	1						94	
45	1						95	
46	1						96	
47	1						97	
48	1						98	
49	1						99	
50	1						100	
TOTAL IND.	1						TOTAL IND.	1
TOTAL DEP.	1						TOTAL DEP.	1
TOTAL CLMS	1						TOTAL CLMS	1

174-80-1007 POF 4/10/77 274, 324 MS, 1 AMENDMENTS

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